

# 2000 - 2001 U.S. DEPARTMENT OF JUSTICE ATTORNEY GENERAL'S HONOR PROGRAM APPLICATION

This form must be typed

NAME \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS FOR REPLY: \_\_\_\_\_  
STREET APT.

\_\_\_\_\_  
CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_ ARE YOU A VISITING STUDENT? YES NO

TELEPHONE NUMBER: (MUST INDICATE BOTH.) DAY: ( ) \_\_\_\_\_ EVENING: ( ) \_\_\_\_\_

LAW SCHOOL NAME: \_\_\_\_\_ LAW SCHOOL CITY/ST: \_\_\_\_\_

(PLEASE INDICATE THE LAW SCHOOL YOU CURRENTLY ATTEND, OR IF YOU HAVE GRADUATED, THE LAW SCHOOL WHERE YOU RECEIVED YOUR J.D., ON THE LINE ABOVE.)

TELEPHONE NUMBER WHERE YOU CAN BE REACHED DURING NOVEMBER/DECEMBER VACATION BREAK:

( ) \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(MONTH/DAY) (MONTH/DAY)

**JUDICIAL LAW CLERKS (JLCS):** PLEASE SEE CHECKLIST FOR COMPLETING THIS INFORMATION.

NAME OF JUDGE: \_\_\_\_\_ TELEPHONE NO. (CHAMBERS): ( ) \_\_\_\_\_

COURT - CHECK ONE: US SUPREME COURT FED. CIRCUIT FED. DISTRICT OTHER FEDERAL STATE

LOCATION: \_\_\_\_\_ COURT (full name): \_\_\_\_\_  
(CITY, STATE)

DATES OF CLERKSHIP (BEGINNING TO END): \_\_\_\_\_

## CURRENT YEAR IN SCHOOL:

(MUST CHECK APPROPRIATE BOX.)

3L J.D. EXPECTED: \_\_\_\_\_ (MO./YR.)  
 RECEIVED J.D. IN: \_\_\_\_\_ (MO./YR.)  
 LL.M. PROGRAM;  
 LL.M. PROGRAM BEGAN: \_\_\_\_\_ (MO./YR.)  
 LL.M. EXPECTED: \_\_\_\_\_ (MO./YR.)

CHECK ONE: (NOTE: THIS **MUST** BE ANSWERED.)

UNITED STATES CITIZEN

OTHER - IF "CHECKED, SPECIFY YOUR CURRENT COUNTRY OF CITIZENSHIP:

(Pending U.S. citizenship is not relevant. Indicate your current country of citizenship.)

DUAL CITIZENSHIP - CHECK ONLY IF YOU ARE CURRENTLY A CITIZEN OF 2 COUNTRIES;  
 YOU MUST INDICATE THE 2 COUNTRIES:

1: \_\_\_\_\_ 2: \_\_\_\_\_

**RESIDENCY:** HAVE YOU LIVED OUTSIDE OF THE UNITED STATES FOR 3 OF THE LAST 5 YEARS? YES NO  
 IF YES, PLEASE INDICATE BELOW IF DURING THE TIME YOU RESIDED OUTSIDE OF THE UNITED STATES, YOU WERE:

A FEDERAL OR MILITARY EMPLOYEE

A DEPENDENT OF A FEDERAL OR MILITARY EMPLOYEE

**CLASS RANK** - YOU MUST CHECK **ONE APPROPRIATE CATEGORY** AMONG THOSE LISTED, E.G., TOP 15% RANK WOULD BE IN TOP 20% CATEGORY. ESTIMATE IF NO OFFICIAL CLASS RANK GIVEN. IF YOUR SCHOOL DOES NOT RANK, CHECK "NOT APPLICABLE."

TOP 10% TOP 20% TOP 33% TOP 50% LOWER 50% NOT APPLICABLE

## INDICATE INTERVIEW CITY:

\_\_\_\_\_  
(CITY ONLY - WASHINGTON, DC OR ONE OF FOURTEEN REGIONAL LAW SCHOOL SITES)

**CHOICE OF EMPLOYMENT:** SELECT **TWO ORGANIZATIONS** IN ORDER OF PREFERENCE BY PLACING A **1 AND 2** NEXT TO YOUR CHOICES. THE NUMBER OF ANTICIPATED HIRES IS INDICATED IN PARENTHESES BY EACH ORGANIZATION.

\_\_\_ ANTITRUST DIVISION (20): Indicate your geographic preferences for the Antitrust Division by placing a 1, 2 and 3 next to your first, second and third choices:  
 \_\_\_ ATLANTA \_\_\_ CLEVELAND \_\_\_ NEW YORK  
 \_\_\_ SAN FRANCISCO \_\_\_ CHICAGO \_\_\_ DALLAS  
 \_\_\_ PHILADELPHIA \_\_\_ WASHINGTON, D.C.

\_\_\_ CIVIL DIVISION (20)

\_\_\_ CIVIL RIGHTS DIVISION (10)

\_\_\_ CRIMINAL DIVISION (14)  
 \_\_\_ ENVIRONMENT AND NATURAL RESOURCES DIVISION (10-15)  
 \_\_\_ EXECUTIVE OFFICE FOR IMMIGRATION REVIEW (20)  
(ONE-TO-YEAR CLERKSHIPS ONLY; U.S. CITIZENSHIP REQUIRED)  
 \_\_\_ FEDERAL BUREAU OF PRISONS (5)  
 \_\_\_ IMMIGRATION AND NATURALIZATION SERVICE (25)

•• ABSOLUTE DEADLINE DATE FOR RECEIPT, SEPTEMBER 25, 2000 ••

(OVER)

**CHECK APPROPRIATE BOXES:**

## LAW REVIEW/JOURNAL PARTICIPATION:

- Selected based on grades  
 Selected based on writing competition  
 Article/Comment Published  
 Editorial Position

## MOOT COURT:

- Voluntary  
 National/Regional Team  
 Moot Court Board

BOOK AWARD

OTHER AWARDS

CLIENT COUNSELING COMPETITION

VOLUNTEER - Legal Aid or Clinical Program

GRADUATE DEGREE (non-legal): Please indicate field of study and degree awarded.

DEPARTMENT OF JUSTICE EXPERIENCE (including U.S. Attorneys' Offices)  
 If checked, please indicate employing organization, name of supervisor and telephone number:

( )

**LAW SCHOOL COURSES BEING TAKEN THIS QUARTER/SEMESTER (AUTUMN 2000):**

**LIST ALL LEGAL EMPLOYERS.** You may include professors with whom you have worked in a clinical or other volunteer program.

NAMEORGANIZATIONTELEPHONE NO. (include area code)**ARE YOU A VETERAN OF ANY BRANCH OF THE ARMED SERVICES?**

YES

NO

If yes, please indicate: \_\_\_\_\_ (branch of service); \_\_\_\_\_ (yrs. of service).

You are a Veteran if you have served more than 180 consecutive days of active duty after January 31, 1955 (not counting service under an initial period of active duty for training under the "6-month" Reserve or National Guard program).

**PLEASE NOTE THAT PROVISION OF THE FOLLOWING INFORMATION IS VOLUNTARY.**

FEMALE

MALE

DISABILITY Please Specify:

**Please choose only one of the following categories:**

WHITE

BLACK/AFRICAN-AMERICAN

HISPANIC-AMERICAN/LATINO

ASIAN/PACIFIC-AMERICAN

NATIVE-AMERICAN (American Indian, Alaskan Native)

MULTI-RACIAL

OTHER MINORITY Please Specify:

**ATTENTION - THIS STATEMENT MUST BE SIGNED**

Read the following carefully before signing this statement. A false answer to any question or portion thereof in this application may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment.

All the information you give will be considered in reviewing your application and is subject to investigation (18 U.S.C. Sec. 1001).

CERTIFICATION - I CERTIFY that all of the statements made on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature (sign in ink) \_\_\_\_\_ Date \_\_\_\_\_

**The U.S. Department of Justice is an Equal Opportunity/Reasonable Accommodation employer.**